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PATENT

SEP 30 2004

Request For Continued Examination (RCE) Transmittal Address to: Commissioner for Patents Box RCE P.O. Box 1450, Alexandria, VA 22313-1450 Fax no.: (703) 872-9306	Application No. :	10/065,711
	Filing Date :	November 12, 2002
	First Named Inventor :	CHING-YU CHANG
	Group Art Unit :	1756
	Examiner :	BARRECA, NICOLE M.
	Attorney Docket No. :	JCLA9374-R

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.

1. Submission required under 37 CFR § 1.114.

a. Previously submitted

(X) Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 26, 2004

() Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

b. Enclosed

() Preliminary Amendment.

() Other _____

2. Miscellaneous

a. () Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months.

b. () Associate Power of Attorney.

3. Fees are calculated as follows:

CLAIMS AS FILED					
NUMBER FILED	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Basic Fee				\$ 770	\$ 770
Total Claims	19	MINUS	20	= 0 x	\$ 18 = \$ 0
Independent Claims	2	MINUS	3	= 0 x	\$ 86 = \$ 0
[2] month(s) extension of time is hereby requested.				Time Extension Fee	= \$ 420
					Total: \$ 1190

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01 FC:1801 770.00 DA
02 FC:1252 420.00 DA

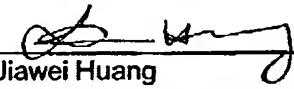
PATENT

a. [] Check in the amount of \$ _____ enclosed

b. [] The Commissioner is hereby authorized to charge the filing fee in the amount of \$ 1190 as calculated above and any additional fee required in connection with filing of this application, or credit any overpayments, to Deposit Account No. 50-0710 (Order No. JCLA9374-R).

i. (X) RCE fee required under 37 CFR 1.17(e)
ii. (X) Extension of time fee (37 CFR 1.136 and 1.17).

Date: 9/30/2004


Jiawei Huang
Registration No. 43,330

Please send correspondence to:

J.C. Patents
4 Venture Suite: 250
Irvine, CA. 92618
Tel.: (949) 660-0761
Fax: (949)-660-0809

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on September 30, 2004.

Signature: 
Jiawei Huang

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

1006571

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20=	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE 740.00
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL		OR TOTAL	740-

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	** 20	=	
Independent	* 2	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	**	=	
Independent	* 2	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Minus	**	=	
Independent	* 2	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

** The highest number found in Part I in THIS SPACE

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 0, enter 0

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1